

# PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

45112 7590 02/08/2005

KUNZLER & ASSOCIATES  
8 EAST BROADWAY  
SUITE 600

SALT LAKE CITY, UT 84111

05/05/2005 AWONDAF2 00000104 090460 09587581

01 FC:1501 1400.00 DA  
02 FC:8001 3.00 DA



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

## Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/587,581	06/05/2000	Jan Burchhardt	ST9-99-146	8409

TITLE OF INVENTION: REPRESENTING IMS MESSAGES AS XML DOCUMENTS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$0	\$1400	05/09/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
HILLERY, NATHAN	2176	715-513000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Kunzler & Associates  
2 \_\_\_\_\_  
3 \_\_\_\_\_

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

International Business Machines Corporation

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Armonk, New York 10504

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☐ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies 1

4b. Payment of Fee(s):

- ☐ A check in the amount of the fee(s) is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 09-0460 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent, or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature

David J. McKenzie

Date

4/14/05

Typed or printed name

David J. McKenzie

Registration No.

46,919

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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**PATENT**  
**Docket No. ST9-99-146**

**IN THE UNITED STATES  
PATENT AND TRADEMARK OFFICE**

APPLICANT(S): JAN BURCHHARDT  
SERIAL NO.: 09/587,581  
FILING DATE: JUNE 5, 2000  
TITLE: REPRESENTING IMS MESSAGES AS XML DOCUMENTS  
EXAMINER: NATHAN HILLERY  
GROUP ART UNIT: 2176  
ATTY. DKT. NO.: ST9-99-146

MAIL STOP ISSUE FEE  
COMMISSIONER FOR PATENTS  
P.O. BOX 1450  
ALEXANDRIA, VA 22313-1450

**TRANSMITTAL OF THE  
PAYMENT OF ISSUE FEE**

Sir:

The enclosed Payment of the Issue Fee Due is submitted herewith pursuant to 37 C.F.R. § 1.67 and M.P.E.P. § 603.01 for filing in the matter of the United States patent application as hereinabove identified. A duplicate copy of this sheet is enclosed.

Please address all future correspondence in connection with the above-identified patent application to the attention of the undersigned.

Commissioner of Patents  
April 14, 2005  
Page 2

Respectfully Submitted,  
David J. McKenzie

A handwritten signature in cursive script, appearing to read "David J. McKenzie", is written over a horizontal line.

David J. McKenzie  
Reg. No. 46,919  
Attorney for Applicant

Date: April 14, 2005

Kunzler & Associates  
8 East Broadway, Suite 600  
Salt Lake City, Utah 84111  
Telephone: 801/994-4646

CERTIFICATE OF DEPOSIT UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postage prepaid, in an envelope addressed to:  
Commissioner of Patents and Trademarks, P.O. Box 1450, Alexandria, VA 22313-1450  
on \_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_

Transmitted: Transmittal of Payment of Issue Fee.

Please type a plus sign (+) inside this box → ☐

PTO/SB/05 (12/97)

Approved for use through 9/30/05. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <p style="font-size: small; margin-top: 10px;">Note: Effective December 8, 2004, Patent fees are subject to annual revision.</p>		<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;"> <p style="margin: 0;">MAY 03 2005</p> </div>		<p><b>Complete If Known</b></p>	
		Application Number		09/587,581	
		Filing Date		June 5, 2000	
		First Named Inventor		Jan Burchhardt	
		Group Art Unit		2176	
		Examiner Name		Nathan Hillery	
TOTAL AMOUNT OF PAYMENT		\$ 1403		Attorney Docket Number	
				ST9-99-146	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																								
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number: <u>09-0460</u></p> <p>Deposit Account Name: <u>IBM CORPORATION</u></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17      <input type="checkbox"/> Charge the Issue Fee In 37 CFR at the Mailing of the Notice of Allowance</p> <p>2. <input type="checkbox"/> Payment Enclosed:</p> <p style="margin-left: 20px;"><input type="checkbox"/> Check    <input type="checkbox"/> Money Order    <input type="checkbox"/> Other</p>	<p><b>3. ADDITIONAL FEES</b></p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2520</td><td>1812</td><td>2520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1840*</td><td>1805</td><td>1840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>120</td><td>2251</td><td>60</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>450</td><td>2252</td><td>225</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>1020</td><td>2253</td><td>510</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1530</td><td>2254</td><td>765</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2160</td><td>2255</td><td>1080</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>500</td><td>2401</td><td>250</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>500</td><td>2402</td><td>250</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>1000</td><td>2403</td><td>500</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1510</td><td>1451</td><td>1510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive -unavoidably</td><td></td></tr> <tr><td>1453</td><td>1370</td><td>2453</td><td>685</td><td>Petition to revive - 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Multiple Dep. Claims	0	380	0																																																																																																																																																																																						
Large Entity		Small Entity		Fee Description																																																																																																																																																																																					
Fee Code	Fee (\$)	Fee Code	Fee (\$)																																																																																																																																																																																						
1202	50	2202	25	Claims in excess of 20																																																																																																																																																																																					
1201	200	2201	100	Independent claims in excess of 3																																																																																																																																																																																					
1203	380	2203	180	Multiple dependent claim																																																																																																																																																																																					
1204	200	2204	100	Reissue independent claims over original patent																																																																																																																																																																																					
1205	50	2205	25	Reissue claims in excess of 20 and over original patent																																																																																																																																																																																					
<b>SUBTOTAL (2)</b>				0																																																																																																																																																																																					

SUBMITTED BY				Complete (if applicable)	
Typed or Printed Name		David J. McKenzie		Reg. Number	46,919
Signature				Deposit Account User ID	
Date		Apr 14, 2005			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231.